

**The reporting of shows MUST be done
5 to 10 days BEFORE show
Please complete and return.**

Promoter Name:_____

Promotion Name:_____

Where:_____

Directions:_____

Month: _____ Day: _____ Time: _____

**Please return to:
Kentucky Boxing and Wrestling Authority
100 Airport Road, Suite 300
Frankfort, KY 40601
Phone: 502/564-7760
FAX: 502/564-3969**